

CITY COUNCIL REPORT



Meeting Date: May 8, 2012
 General Plan Element: *Land Use*
 General Plan Goal: *Sensitively integrate land uses into the surrounding setting.*

ACTION

Restaurant Liquor License Request for Hacienda's Mexican Grill 34-LL-2012. To consider forwarding a recommendation to the Arizona Department of Liquor Licenses and Control for a Series 12 (restaurant) State liquor license for an existing location and new owner.

OWNER

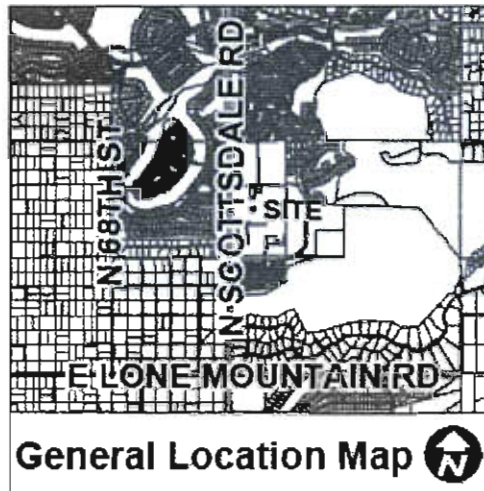
Hacienda's Mexican Grill LLC

APPLICANT CONTACT

Juan Antonio Ortiz

LOCATION

32527 N Scottsdale Rd



BACKGROUND

This request is for a Series 12 (restaurant) liquor license. This has been a licensed location since 2003, most recently operating with liquor as Dos Diablos.

The zoning for this site is Central Business District, Environmentally Sensitive Lands (C-2 ESL), which allows restaurants as a permitted use. This establishment is 6,118 sq. ft. including an existing 2,417 sq. ft. patio.

APPLICANT'S PROPOSAL

The applicant is seeking a favorable recommendation on a Series 12 (restaurant) liquor license. This allows the holder of a restaurant license to sell and serve spirituous liquor solely for consumption on the premises of an establishment which derives at least forty percent (40%) of its total revenue from the sale of food. The applicant has indicated that this establishment will serve liquor between

the hours of 11:00 a.m. to 10:00 p.m. Sunday through Saturday; however, due to State liquor license processing requirements, they are not required to notify the City or the State if they change their hours of operation.

PETITIONS FROM PERSONS IN CLOSE PROXIMITY

The applicant has maintained the required posting notice for the State mandated 20-day period. No petitions or protests pursuant to A.R.S. 4-201.b. were received during the 20 (twenty) day posting period.

OTHER LICENSES & PERMITS

Financial Management

Revenue Collection has reported that the applicant has met City licensing requirements and all fees have been paid.

Spirituos Liquor Tax Permit # Pending.

Scottsdale Transaction Privilege Sales Tax License # Pending.

IMPACT ANALYSIS

Current Planning Department. There will not be any significant changes to the floor plan.

A.R.S. Section 4-112.B.1 R19-1-310 Criteria for Restaurant Operations.

This owner intends to continue operating this location as a restaurant. Staff has assessed the applicant's responses to the State's Restaurant Operation Plan categories: Personnel, Equipment, Menu, Live Entertainment, Bar Games/Televisions, Name of Establishment, Bar Seating Area and Dinnerware. Staff finds that the establishment is designed and intended to operate as a restaurant. The bar service area is 403 sq. ft. (7%) of gross floor area, and the kitchen area is 1,789 sq. ft. (29%) of the gross floor area. The operational characteristics and floor plan qualify as a restaurant.

Public Safety Division.

Police Department: Recommendation Approval

Major life safety issues: None noted.

Code Enforcement: There are no current cases of code violations at this time relevant to the liquor license.

STATE GUIDELINES FOR CONSIDERING AN APPLICATION

A.R.S. Section 4-203.A Granting a License for a New Owner for a Certain Location.

A spirituous liquor license shall be issued only after satisfactory showing of the capability, qualifications and reliability of the applicant.

COUNCIL OPTIONS & STAFF RECOMMENDATION

Council Options

The City Council has the option of recommending approval, denial or no recommendation to the Arizona Department of Liquor Licenses and Control.

Staff Recommendation

The City of Scottsdale staff has conducted a review and advises that the license request meets the criteria imposed for determining the capability, qualifications and reliability of the applicant.

Next Steps

The City Council's recommendation of approval, denial or no recommendation will be forwarded to the Department of Liquor Licenses and Control for their consideration. If the application is approved by the Department of Liquor Licenses and Control, the applicant should receive their license from the State within 105 days of original application.

RESPONSIBLE DEPARTMENT(S)


Doris McClay, Planner, dmcclay@scottsdaleaz.gov
Planning, Neighborhood and Transportation Division

Tom Henny, Lieutenant, Patrol Enforcement Section Lieutenant, thenny@scottsdaleaz.gov
Public Safety Division

Raun Keagy, Planning, Neighborhood and Transportation Director, rkeagy@scottsdaleaz.gov
Planning, Neighborhood and Transportation Division

APPROVED BY

Tim Curtis, AICP, Current Planning Director
312-4210 tcurtis@scottsdaleaz.gov

 4/10/2012

Connie Padian, Administrator
312-2664, cpadian@scottsdaleaz.gov

 4/11/12

ATTACHMENTS

- #1: Aerial Map
- #2: Close-up Aerial Map
- #3: City of Scottsdale Applicant Questionnaire
- #4: State Application Sections 1-17
- #5: State Background Information



Q.S.
26-45

G.I.S. ORTHOPHOTO 2007

34-LL-2012

Hacienda's Mexican Grill



34-LL-2012

Hacienda's Mexican Grill

ATTACHMENT #2



Liquor License Questionnaire

Please complete all questions and return within 3 business days.

Name of Business: HACIENDA'S MEXICAN GRILL LLC

Business Address: 32527 N SCOTTSDALE ROAD#2 SCOTTSDALE ARIZONA 85262

Type of Business (restaurant, bar, grocery, retail) RESTAURANT & BAR

Total Gross Square Footage of Establishment: 3,700 SQ

Was there a previous business at this location? ☒ Yes ☐ No

If yes, list the previous business: DOS DIABLOS

Was liquor sold at this location prior to this application? ☒ Yes ☐ No

If yes, what type of license? LIQUOR LICENSE

Is this business currently open? ☐ Yes ☒ No

If yes, is this business operating with an Interim license? ☐ Yes ☒ No

If no, what is the proposed opening date? DONT HAVE A DATE

Is this business under construction or being remodeled? ☐ Yes ☒ No

Does this business have an existing patio? ☒ Yes ☐ No Dimensions of patio _____

Does this business have a proposed patio? ☐ Yes ☒ No Dimensions of patio _____

How many parking spaces are allocated to your business? _____

For Restaurants, Bars and Restaurants/Bars:

Will the bar service area be in excess of 15% of the gross floor area? ☐ Yes* ☒ No

Will the kitchen be less than 15% of the gross floor area? ☐ Yes* ☒ No

Will age verification be required/requested for admittance at any time during business operations? ☐ Yes* ☒ No

Is a cover charge required for admittance at any time during business operations? ☐ Yes* ☒ No

Will less than 40% of gross revenues be derived from the sale of prepared food? ☐ Yes* ☒ No

*May require a Conditional Use Permit

During what hours will the establishment provide full kitchen service? SUNDAY-THURSDAY 11A.M.-9P.M.FRI-SAT 11AM-10P.M.

During what hours will the establishment offer liquor sales? all day

Gross square footage of kitchen: 1,721SQ.

(do not include refrigerators or areas used for storage of food or beverages)

Gross square footage of bar service area: 400 SQ.

(includes the floor area under indoor and outdoor bars and the floor area behind the bars used for storage, prep and serving of food or drinks)

Planning, Neighborhood and Transportation Division

7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85251 ♦ Phone: 480-312-7000 ♦ Fax: 480-312-7088



Liquor License Questionnaire

Please complete all questions and return within 3 business days.

Will this business feature any of the following:

Patron Dancing?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Karaoke?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No
Live Bands?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	DJ?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No
Amplified music?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Games?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No
Adult Entertainment?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Four or more pool tables?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No
After hours?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No			

*May require a Conditional Use Permit

Applicant Narrative:

ARS 4-201-G: In all proceedings before the governing body of a city or town, the Board of Supervisors of a County or the Board, the applicant bears the burden of showing that the public convenience requires and that the best interest of the community will be substantially served by the issuance of this license.

- I have the capability, qualifications and reliability to hold a liquor license because:
WE ARE RELIABLE AND RESPONSIBLE AS HAVE 3RESTAURANT WITH LIQUOR LICENSE AND
WE HAVE NEVER HAD ANY PROBLEMS .
- The public convenience requires and the best interest of the community will be substantially served by the issuance of the liquor license because:
WE WOULD LIKE TO CONTINUE SATIFING OUR CUSTOMERS BY OFFERING ALCHOL DIRNK TO
ENJOY THERE DINNING
- Please describe your business:
RESTAURANT & BAR (LUNCH AND DINNING)

The City's forwarding of a recommendation to the AZ Department of Liquor Licenses and Control does not waive and is not a substitute for the Licensee's obligation to comply with all state, local and federal laws, policies and regulations applicable to the license. The Recommendation is not a permit or regulatory approval to hold any events or construct or demolish any improvements. Zoning processes, building permit processes, and similar regulatory requirements may apply to Licensee's contemplated improvements and are completely separate from the Recommendation. Licensee shall be responsible to, separate and apart from this Recommendation, directly obtain all necessary permits and approvals from any and all governmental or other entities including the City's having standing or jurisdiction over the subject areas. For more information regarding zoning processes, building permit processes, and similar regulatory requirements and approvals please call 480-312-2611.

Print Name: Juan A Ortiz Signature: JUAN A ORTIZ Date: 04/06/2012

Submit

Planning, Neighborhood and Transportation Division

7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85251 ♦ Phone: 480-312-7000 ♦ Fax: 480-312-7088

12 MAR 21 11:47. LIC. RM1047

Arizona Department of Liquor Licenses and Control
800 West Washington, 5th Floor
Phoenix, Arizona 85007
www.azliquor.gov
602-542-5141

APPLICATION FOR LIQUOR LICENSE
TYPE OR PRINT WITH BLACK INK

34-11-2012

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- ☐ MORE THAN ONE LICENSE
☒ INTERIM PERMIT *Complete Section 5*
☒ NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
☐ PERSON TRANSFER (Bars & Liquor Stores ONLY)
Complete Sections 2, 3, 4, 11, 13, 15, 16
☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)
Complete Sections 2, 3, 4, 12, 13, 15, 16
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)
☐ GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. *Complete Section 6*
☐ INDIVIDUAL *Complete Section 6*
☐ PARTNERSHIP *Complete Section 6*
☐ CORPORATION *Complete Section 7*
☒ LIMITED LIABILITY CO. *Complete Section 7*
☐ CLUB *Complete Section 8*
☐ GOVERNMENT *Complete Section 10*
☐ TRUST *Complete Section 6*
☐ OTHER (Explain) _____

SECTION 3 Type of license and fees LICENSE #(s):

1. Type of License(s): RESTAURANT

2. Total fees attached:

Department Use Only
\$ 244.00

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

1. Owner/Agent's Name: Mr. ORTIZ JUAN ANTONIO
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: HACIENDA'S MEXICAN GRILL LLC
(Exactly as it appears on Articles of Inc. or Articles of Org.) B1047904
B1029338
3. Business Name: HACIENDA'S MEXICAN GRILL
(Exactly as it appears on the exterior of premises)
4. Principal Street Location: 32527 N SCOTTSDALE ROAD SCOTTSDALE MARICOPA 85262
(Do not use PO Box Number) City County Zip
5. Business Phone: 602-754-8300 PENDING Daytime Contact: 602-435-0155
6. Is the business located within the incorporated limits of the above city or town? ☒ YES ☐ NO
7. Mailing Address: 455 N 3RD STREET #108 PHOENIX ARIZONA 85004
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type _____ \$ _____ Type _____ \$ _____

DEPARTMENT USE ONLY

Fees: 100 100 44.00
Application Interim Permit Agent Change Club Finger Prints \$ 244.00
TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☒ YES ☐ NO

Accepted by: CB Date: 3-21-12 Lic. # 12079083

SECTION 5 Interim Permit:

12 MAR 21 Lic. Lic. RM1047

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. 12077968
4. Is the license currently in use? ☒ YES ☐ NO If no, how long has it been out of use? _____

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, _____, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,
(Print full name)
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

X _____ State of _____ County of _____
(Signature)
The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Day Month Year
My commission expires on: _____
SEE ATTACH LEASE

(Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City State Zip

Partnership Name: (Only the first partner listed will appear on license) _____

General-Limited	Last	First	Middle	% Owned	Mailing Address	City State Zip
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

(ATTACH ADDITIONAL SHEET IF NECESSARY)

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☒ NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

- ☐ CORPORATION Complete questions 1, 2, 3, 5, 6, 7, and 8.
☒ L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.

1. Name of Corporation/L.L.C.: HACIENDA'S MEXICAN GRILL LLC
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 03/02/2012 State where Incorporated/Organized: ARIZONA
3. AZ Corporation Commission File No.: L-1744983 Date authorized to do business in AZ: _____
4. AZ L.L.C. File No: L-1744983 Date authorized to do business in AZ: 03/12/2012
5. Is Corp./L.L.C. Non-profit? ☒ YES ☐ NO
6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City	State	Zip
ORTIZ	JUAN	ANTONIO	MEMBER	7710 W. WOOD LANE	PHOENIX	ARIZONA	85043
ORTIZ	IRENE	J	MEMBER	7710 W. WOOD LANE	PHOENIX	ARIZONA	85043

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip
ORTIZ	JUAN	ANTONIO	99% 50%	7710 W. WOOD LANE	PHOENIX	ARIZONA	85043
ORTIZ	IRENE	G	1% 50%	7710 W. WOOD LANE	PHOENIX	ARIZONA	85043

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)

2. Is club non-profit? ☐ YES ☐ NO

3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:

1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: _____
Last First Middle
3. License Type: _____ License Number: _____ Date of Last Renewal: _____
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

SECTION 10 Government: (for cities, towns, or counties only)

1. Governmental Entity: _____
2. Person/designee: _____
Last First Middle Contact Phone Number

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

SECTION 11 Person to Person Transfer:

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: _____ Entity: _____
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: _____
(Exactly as it appears on license)
3. Current Business Name: _____
(Exactly as it appears on license)
4. Physical Street Location of Business: Street _____
City, State, Zip _____
5. License Type: _____ License Number: _____
6. If more than one license to be transferred: License Type: _____ License Number: _____
7. Current Mailing Address: _____
(Other than business) Street _____
City, State, Zip _____
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☐ YES ☐ NO
9. Does the applicant intend to operate the business while this application is pending? ☐ YES ☐ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.
10. I, _____, hereby authorize the department to process this application to transfer the
(print full name)
privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.
- I, _____, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER
(print full name)
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

(Signature of CURRENT LICENSEE)

State of _____ County of _____
The foregoing instrument was acknowledged before me this

Day Month Year

My commission expires on: _____

(Signature of NOTARY PUBLIC)

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: Name _____
(Exactly as it appears on license) Address _____
2. New Business: Name _____
(Physical Street Location) Address _____
3. License Type: _____ License Number: _____
4. If more than one license to be transferred: License Type: _____ License Number: _____
5. What date do you plan to move? _____ What date do you plan to open? _____

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02)
b) Hotel/motel license (§ 4-205.01)

- c) Government license (§ 4-205.03)
d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: _____ ft. Name of school _____
Address _____
City, State, Zip _____
2. Distance to nearest church: _____ ft. Name of church _____
Address _____
City, State, Zip _____
3. I am the: ☒ Lessee ☐ Sublessee ☐ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name Donahue Schuber Realty Group, L.P.
Address P.O. Box 6157 Hicksville, NY 11802-6157
City, State, Zip _____
- 4a. Monthly rental/lease rate \$ \$91160.00 What is the remaining length of the lease 10 yrs. _____ mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ _____ or other 5 YEAR OF USURY -
(give details - attach additional sheet if necessary)
5. What is the total **business** indebtedness for this license/location excluding the lease? \$ 0

Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? RESTAURANT

SECTION 13 - continued

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year? ^{12 MAR 21 11:47 AM 10:48}

☐ YES ☒ NO If yes, attach explanation.

8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO

9. Is the premises currently licensed with a liquor license? ☒ YES ☐ NO If yes, give license number and licensee's name:

License # 12077968 (exactly as it appears on license) Name THERESA JUNE MORSE

SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☒ NO

If yes, give the name of licensee, Agent or a company name:

MORSE THERESA JUNE and license #: 12077968
Last First Middle

2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.

3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.

4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☒ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

[Signature]
applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

JAO
applicants initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

1. Check ALL boxes that apply to your business:

☒ Entrances/Exits ☒ Liquor storage areas Patio: ☒ Contiguous
☐ Service windows ☐ Drive-in windows ☐ Non Contiguous

2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☐ YES ☒ NO

If yes, what is your estimated opening date?

month/day/year

3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.

4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).

5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

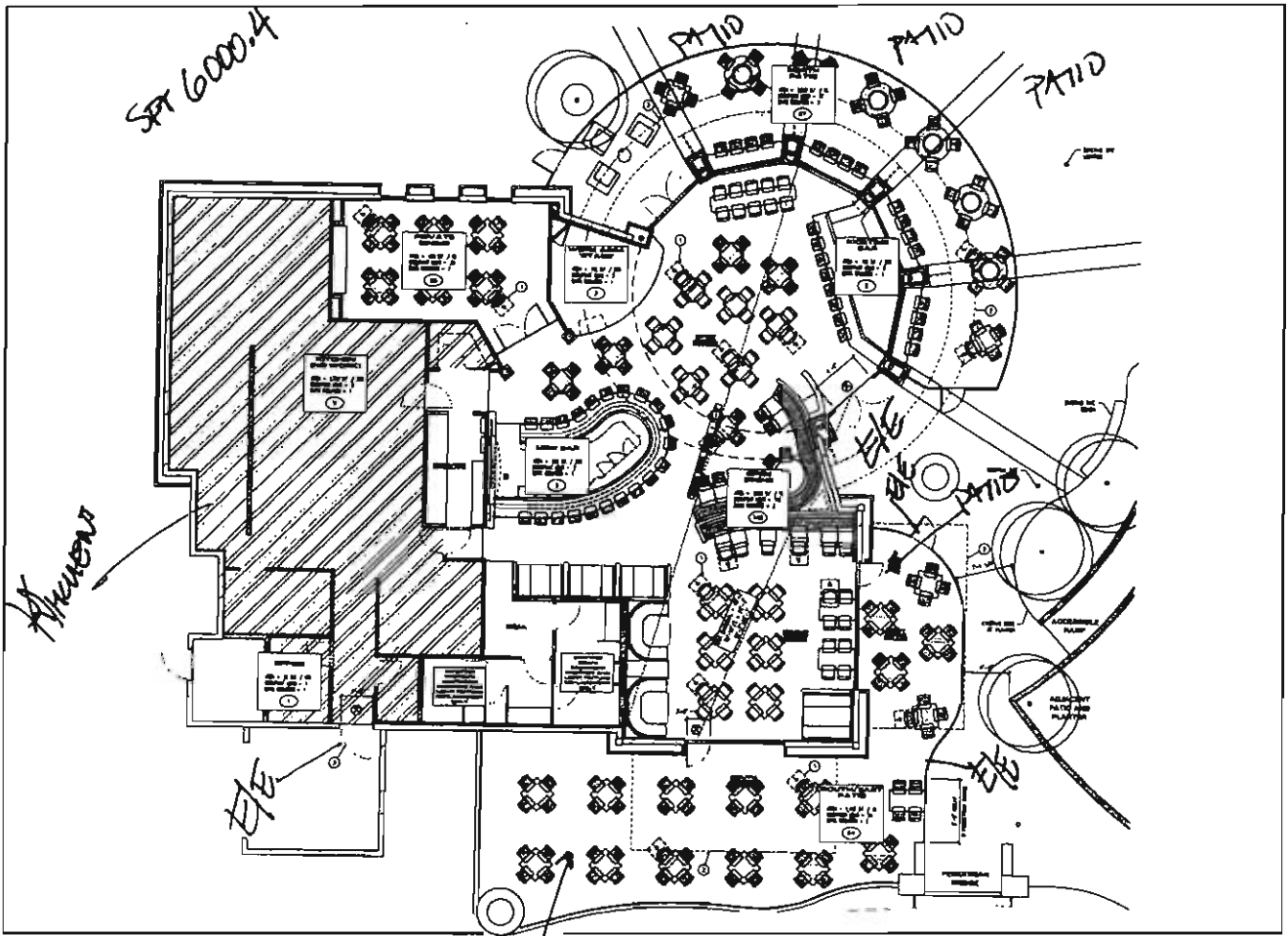
As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

JAO
applicants initials

SECTION 15 Diagram of Premises

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.



SECTION 16 Signature Block

I, JUAN ANTONIO ORTIZ, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X [Signature]
(signature of applicant listed in Section 4, Question 1)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

20 of March, 2012
Day Month Year

[Signature]
signature of NOTARY PUBLIC



My commission expires on

SALADS

Mexican Caesar Salad	8
Oven baked flour tortilla shell over Caesar Salad	
Add: Blackened Salmon or Shrimp \$4.00	
Add: Chicken\$3.00	
Taco Salad	11
On oven baked flour tortilla shell served with Grilled Chicken Breast with lettuce, tomatoes, Mozzarella and Cheddar Cheese with side of sour cream	
Fajita Salad	
Tomatoes, onions, bell peppers with choice of:	
Chicken	9
Beef	10
Shrimp	12
Ole Grilled Chicken Salad	11
Walnuts, Chicken, greens, gorgonzola and balsamic dressing	
Cobb Salad	11
With Turkey, bacon, avocado, tomatoes, hard boiled egg, chives Mixed in iceberg and romaine lettuce	
Strawberry Salmon Salad	14
Fresh Strawberries, blue cheese, caramelized walnuts with Mixed filled greens and strawberry vinaigrette	
Caramba Calamari Salad	12
Greens, tomatoes, cucumbers, onions, peppers, queso fresco, Olives and Calamari	

SOUPS

Tortilla Soup	5
White Pozole	8
Shrimp Bisque Soup	5
Albondiga Soup with Chipotle	8

ENCHILADAS

Irene's Specialty Green Chicken Enchiladas	13
Smothered with a delicious chicken/mushroom cream sauce, With mozzarella cheese, sour cream and Avocado	
Ole Mole Enchiladas	12
Red Chicken or Shredded Beef Enchiladas	11
Chicken or Shredded Beef Enchiladas with Tomatillo sauce	11

(Enchiladas served with Mexican rice and refried beans)

FAJITAS

Shrimp or Steak Fajitas	17
Carnitas Fajitas	15
Chicken Fajitas	14
Vegetable Fajitas	13

(Fajitas served with Mexican rice and refried beans, with
choice of corn or flour tortillas with side of sour cream
cilantro, lemon and fresh guacamole)

HAMBURGERS / SANDWICHES

Mexicana Style Hamburger	10
With Oaxaca cheese, roasted bell peppers, beef steak tomatoes, and sautéed red onions	
Mushroom Burger	10
Melted cheese and sliced mushrooms	
Prime Rib French Dip Sandwich	11
Hand carved Prime Rib with Swiss cheese and fresh au jus	
Pork Roast Sandwich	11
With mild guajillo orange sauce, mixed greens on white French Dip roll served on fruit salad with raisins, caramelized walnuts, Apple and pineapple	

Chiles Rellenos	12
Delicious green chiles stuffed with cheese, dipped in a special Batter and fried	
Carne a la Tampiquena	15
Served with Red Cheese Enchilada, Mexican rice, refried beans and Choice of corn or flour tortillas	

FROM THE SEA

Hacienda Tilapia Filet Specialty	17
Oven baked Tilapia Filet with shrimp, tomatoes, onions, jalapenos, mayo, garlic, butter and green olives.	
Penne Pasta	17
Sauteed with Shrimp, fresh tomatoes, bell peppers and Anaheim cream sauce	
Mahi Mahi, Salmon, Red Snapper or Tilapia Filet	18
Grilled or sautéed with mango relish served with White rice and baked potatoe (with choice of Habanero cream sauce, tomatillo sauce or roasted red pepper sauce)	

DINNER SPECIALS

Choose any 2 signature sides:

- stuffed baked potatoe with chipotle and cheddar cheese
- sautéed spinach with garlic and olive oil
- grilled Asparagus
- spinach mashed potatoes

Pan Seared Pork Chops **21**

Stuffed with ham, queso fresco and chorizo and tomatillo sauce

Pan Seared Filet Mignon **25**

Over guajillo sauce

Costillas de Cordero **24**

Four tender, juicy, marinated & broiled Lamb Chops with lemon dijon

Pan Seared Breaded Veal Chop a la Minalesa (?oz) **28**

14oz Ribeye Steak **25**

Pastel de Salmon **22**

stuffed with shrimp, spinach, mushrooms with champagne sauce

Trio Hacienda **24**

Grilled Chicken, Jumbo Prawns and Lamb Chops

Tiger Lobster Ravioli **21**

Served with Lobster cream sauce topped jumbo prawn

Mexican Tortas

Chicken Milanese or Ham	8
Beef Milanese or Carnitas	9
(with lettuce, tomatoes, mayo, avocados, mozzarella cheese and refried beans)	

BURRITOS

Shredded Beef or Chicken Burrito Enchilada Style	10
Steak Fajitas Burrito	12

CHIMICHANGAS

Tachi's Green Chicken Chimichangas	12
2 Chimichangas stuffed with Chicken and Anaheim green chile Sauce, layered with guacamole, sour cream, fresh lettuce, Tomatoes and queso fresco	

PIZZA

Pizza a la Mexicana	11
With ham, pineapple, roasted bell peppers, jalapenos and mozzarella cheese	
Pizza Oaxca Style	10
With pepperoni, Oaxca cheese and jalapenos	
Pizza Salad	11
Baby spinach, tomatoes, onions, queso fresco, parmesan garlic crust with Madison salsa	

QUESADILLA'S

Chicken Quesadilla	10
Carne Asada Quesadilla	11
Shrimp Quesadilla	13
Cancun Quesadilla with Portobello mushrooms, caramelized onions	12

(Quesadillas with mozzarella cheese and refried beans)

Lobster Quesadilla with Chipotle with aioli sauce	15
Served with white rice	
Hacienda Quesadilla with freshly made corn tortillas	
Filled with mozzarella cheese	8
Filled with fresh Chorizo and potatoes	9
Pork Carnitas, Chicken or Beef Quesadilla	10
(served with sour cream, queso fresco, lettuce and tomatillo sauce)	

ENTREES

Beef Milanessa	12
Breaded Beef Filet served with fries, refried beans, tomatillo salsa and choice of corn or flour tortillas	
Chicken Milanessa	11
Breaded Chicken Breast served with wedge potatoes, refried beans, tomatillo salsa and choice of corn or flour tortillas	
Pollo con Mole	12
A Spicy Authentic Mexican dish. Chocolate Adobo sauce over Chicken Breast served with rice and black beans.	
Croquetas de Carne	12
With tomatillo salsa, Mexican rice and refried beans	
Cochinita Pibil	12
Marinated Pork with axiote and orange juice, slowly cooked with banana leaves. Served with white rice, black beans and fresh corn tortillas. A true traditional Mayan dish. (on the side – cilantro, guacamole and habanero sauce)	
Shredded Beef or Chicken Flautas	12
Served with homemade salsa, fresh guacamole, Mexican rice and refried beans	

Carne a la Tampiquena	15
Served with Red Cheese Enchilada, rice, refried beans and Choice of corn or flour tortillas	

FROM THE SEA

Hacienda Tilapea Filet Specialty	17
Tilapea Filet with shrimp, tomatoes, onions, jalapenos, mayo, Garlic, butter and green olives. (Oven baked wrap)	
Penne Pasta	17
Sauteed with Shrimp, fresh tomatoes, bell peppers and Anaheim cream sauce	
Mahi Mahi, Salmon, Red Snapper or Tilapea Filet	18
Grilled or sautéed with mango relish served with White rice and baked potatoe (with choice of Habanero cream sauce, tomatillo sauce or roasted red pepper sauce)	

Tenant may offer a Mexican Brunch on Sundays only. No other Breakfast items on menu or offered other than on Sunday.

EXHIBIT F

TENANT'S MENU

ENCHILADAS

Irene's Specialty Green Chicken Enchiladas	13
Smothered with a delicious chicken/mushroom cream sauce, With mozzarella cheese, sour cream and Avocado	
Ole Mole Enchiladas	12
Red Chicken or Shredded Beef Enchiladas	11
Chicken or Shredded Beef Enchiladas with Tomatillo sauce	11

(Enchiladas served with spanish rice and refried beans)

FAJITAS

Shrimp or Steak Fajitas	17
Carnitas Fajitas	15
Chicken Fajitas	14
Vegetable Fajitas	13

(Fajitas served with spanish rice and refried beans, with
choice of corn or flour tortillas with side of sour cream
and fresh guacamole)

HAMBURGERS / SANDWICHES Only 1 Burger (Mexican) allowed

Mexicana Style Hamburger	10
With Oaxaca cheese, roasted bell peppers, beef steak tomatoes, and sautéed red onions	

Mushroom Burger	10
Melted cheese and sliced mushrooms	

Prime Rib French Dip Sandwich	11
Hand carved Prime Rib with Swiss cheese and fresh au jus	

Pork Roast Sandwich	11
With mild guajillo orange sauce, mixed greens on white French Dip roll served on fruit salad with raisins, caramelized walnuts, Apple and pineapple	

12 MAR 21 Ltr. Lic. #10:50

Mexican Tortas

Chicken Milanese or Ham	8
Beef Milanese or Carnitas	9
(with lettuce, tomatoes, mayo, avocados, mozzarella cheese and refried beans)	

BURRITOS

Shredded Beef or Chicken Burrito Enchilada Style	10
Steak Fajitas Burrito	12

CHIMICHANGAS

Tachi's Green Chicken Chimichangas	12
2 Chimichangas stuffed with Chicken and Anaheim green chile Sauce, layered with guacamole, sour cream, fresh lettuce, Tomatoes and queso fresco	

PIZZA

Pizza a la Mexicana	11
With ham, pineapple, roasted bell peppers, jalapenos and mozzarella cheese	
Pizza Oaxca Style	10
With pepperoni, Oaxca cheese and jalapenos	
Pizza Salad	11
Baby spinach, tomatoes, onions, queso fresco, parmesan garlic crust with Madison salsa	

QUESADILLA'S

Chicken Quesadilla	10
Carne Asada Quesadilla	11
Shrimp Quesadilla	13
Cancun Quesadilla with Portobello mushrooms, caramelized onions	12

(Quesadillas with mozzarella cheese and refried beans)

Lobster Quesadilla with Chipotle with aioli sauce 15
Served with white rice

Hacienda Quesadilla with freshly made corn tortillas
Filled with mozzarella cheese 8
Filled with fresh Chorizo and potatoes 9
Pork Carnitas, Chicken or Beef Quesadilla 10
(served with sour cream, queso fresco, lettuce and tomatillo sauce)

ENTREES

Beef Milanessa 12
Breaded Beef Filet served with fries, refried beans,
tomatillo salsa and choice of corn or flour tortillas

Chicken Milanessa 11
Breaded Chicken Breast served with wedge potatoes, refried
beans, tomatillo salsa and choice of corn or flour tortillas

Pollo con Mole 12
A Spicy Authentic Mexican dish. Chocolate Adobo sauce over
Chicken Breast served with rice and black beans.

Croquetas de Carne 12
With tomatillo salsa, rice and refried beans

Cochinita Pibil 12
Marinated Pork with axiote and orange juice, slowly cooked
with banana leaves. Served with white rice, black beans and
fresh corn tortillas. A true traditional Mayan dish.
(on the side – cilantro, guacamole and habanero sauce)

Shredded Beef or Chicken Flautas 12
Served with homemade salsa, fresh guacamole, rice and
refried beans

Chiles Rellenos 12
Delicious green chiles stuffed with cheese, dipped in a special
Batter and fried

12 MAR 21 14. LIC #11048

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

A057592

QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only, but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

12079083

(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person (Complete Questions 1-19) ☒ Agent (Complete All Questions except # 14, 14a & 21) ☐ Manager (Only) (Complete All Questions except # 14, 14a & 21) Controlling Person or Agent must complete #21 for a Manager

2. Name: ORTIZ JUAN ANTONIO Date of Birth [REDACTED] (NOT a Public Record)

3. Social Security Number [REDACTED] (NOT a public record) Drivers License [REDACTED] (NOT a public record) State: ARIZONA

4. Place of Birth: MEXICO CITY DF MEXICO Height: 5'4 Weight: 198 Eyes: BRN Hair: BLACK City State Country (not county)

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: 602-754-8300

6. Name of Current or Most Recent Spouse: ORTIZ IRENE J Date of Birth [REDACTED] (List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? ARIZONA If Arizona, date of residency: [REDACTED]

8. Telephone number to contact you during business hours for any questions regarding this document 602-254-5730

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: HACIENDA'S MEXICAN GRILL LLC Premises Phone: PENDING

11. Physical Location of Licensed Premises Address: 32527 N. SCOTTSDALE ROAD SCOTTSDALE MARICOPA 85262 Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
12/2006	CURRENT	GENERAL MANAGER	JIAM LLC/DBA MY BIG FAT GREEK RESTAURANT 455N 3RD ST.
05/2003	11/2006	GENERAL MANAGER	LOMBARDIS RESTAURANT 455 N 3RD ST. PHOENIX AZ 85004

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↑

13. Indicate your residence address for the last five (5) years: ↓

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
11/2008	CURRENT	OWN	7710 W. WOOD LANE	PHOENIX	AZ	85043
05/2003	11/2008	OWN	3014W. MARLETTE AVE	PHOENIX	AZ	85017

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, how many hrs/day? 5, and answer #14a below. If NO, skip to #15. ☒ YES ☐ NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. ☐ YES ☐ NO
15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? ☐ YES ☒ NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☐ YES ☒ NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? ☐ YES ☒ NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☐ YES ☒ NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? ☒ YES ☐ NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.
Give complete details including dates, agencies involved, and dispositions.

SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, JUAN ANTONIO ORTIZ, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X [Signature]
(Signature of Applicant)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this
20 day of March, 2012
Month Year



2 2016
Month Year

Cynthia Bejar
(Signature of NOTARY PUBLIC)

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.
The manager named must be at least 21 years of age.

State of _____ County of _____

The foregoing instrument was acknowledged before me this

X _____
Signature of Controlling Person or Agent (circle one)

_____ day of _____
Month Year

JUAN ANTONIO ORTIZ

Print Name

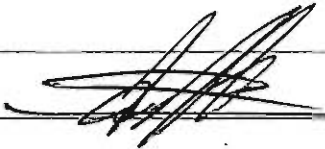
(Signature of NOTARY PUBLIC)

My commission expires on: _____
Day Month Year

3/2012

- F# - JIAM LLC Manager 99% owner 12077607
- JI ORTIZ LLC Manager 50% owner 12078003.
- AIFA ORTIZ LLC Manager 50% owner 12078026

JOHN ORTIZ

x 

12 MAR 21 11:48 AM



ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS

Professional License and Commercial License
Department of Liquor Licenses and Control

Liquor License #: _____

Ownership Name: HACIENDAS MEXICAN GRILL LLC.
(as listed on the current liquor license application or renewal application)

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

SECTION I — APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) JUAN ANTONIO ORTIZ DATE 3/20/12

TYPE OF APPLICATION (check one) ☒ INITIAL APPLICATION ☐ RENEWAL

TYPE OF LICENSE LIQUOR LICENSE RESTAURANT

SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

Directions: Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: CERTIFICATE OF NAT

A. Are you a citizen or national of the United States? (check one) ☒ Yes ☐ No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.

City MEXICO CITY State (or equivalent) _____ Country or Territory MEXICO

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

DLLC 2/20/09

AG 11/08/07 - 81662

SECTION III — ALIEN STATUS DECLARATION

Directions: To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. Name of document provided:

“Qualified Alien” Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA.
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- ☐ 8. An alien who is, or whose child or child’s parent is a “battered alien” or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- ☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- ☐ 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA.

Other Persons (8 U.S.C. § 1621(c)(2)(A) and (C))

- ☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- ☐ 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

- ☐ 14. A person not described in categories 1–13 who is otherwise lawfully present in the United States. PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

12 MAR 21 Lir. Lic. AM10:49

SECTION IV — DECLARATION

All applicants must complete this section. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.



APPLICANT'S SIGNATURE

3/20/12

TODAY'S DATE

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

30572

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141



400 W Congress #150
Tucson AZ 85701-1352
(520) 628-6595

CERTIFICATION OF COMPLETED ALCOHOL TRAINING PROGRAM(S)

OBTAIN ORIGINALS OF THIS FORM FROM DLLC-DO NOT PHOTOCOPY. DOCUMENT IS COMPUTER SCANNED. TYPE OR PRINT WITH BLACK INK.

ALCOHOL TRAINING PROGRAM INDIVIDUAL INFORMATION

Juan Ortiz
Individual Name (Print)

Juan Ortiz
Individual Signature

TYPE OF TRAINING COMPLETED

TRAINER MUST CHECK YES OR NO FOR EACH TYPE

06-19-08
Date Training Completed

☐ YES ☒ NO BASIC

☒ YES ☐ NO ON SALE

☒ YES ☐ NO MANAGEMENT

☒ YES ☐ NO OFF SALE

☐ YES ☒ NO BOTH

☐ YES ☒ NO OTHER

IF TRAINEE IS EMPLOYED BY A LICENSEE:

Juan Ortiz

MY BIG FAT BREEK

12077607

NAME OF THE LICENSEE

BUSINESS NAME

LIQUOR LICENSE NUMBER

ALCOHOL TRAINING PROGRAM PROVIDER INFORMATION

Arizona Business Council for Alcohol Education (ABC)

Company or Individual Name

77 East Columbus Ave. #102

Address

Phoenix,
City

Arizona

85012
State

(602) 285-1396
Zip Phone

I Certify the above named individual has successfully completed the specified program(s).

Jesus Altamarino

Trainer Name (Print)

Jesus Altamarino
Trainer Signature

6/19/08
Date

Trainer give original of completed form to trainee, photocopy and maintain completed document for your records.

Mandatory Liquor Law Training for all new applications submitted after Nov. 1, 1997. A.R.S. Section 4-112(G)(2). Completion of the Liquor License Training Courses is required at the issuance of a license.

The person(s) required to attend both the Basic Liquor Law and Management Training, (either on-sale or off-sale), will include all of the following: owner(s), licensee/agent or manager(s) WHO ARE ACTIVELY INVOLVED IN THE DAY TO DAY OPERATION OF THE BUSINESS. Proof of attendance within the last five years for the required courses must be submitted to the Department before the license application is considered complete.

Before acceptance of a Manager's Questionnaire and/or Agent Change for an existing license, proof of attendance for the Basic Liquor Law and Management Training (either on-sale or off-sale) will be required.

12 MAR 21 11:17. Lic. #1049

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor

Phoenix AZ 85007-2934

(602) 542-5141

QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

12079083

(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person (Complete Questions 1-19) ☐ Agent (Complete All Questions except # 14, 14a & 21) ☐ Manager (Only) (Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete #21 for a Manager

2. Name: ORTIZ IRENE J Date of Birth: [REDACTED] (NOT a Public Record)

3. Social Security Number: [REDACTED] Drivers License: [REDACTED] State: ARIZONA (NOT a public record)

4. Place of Birth: EL PASO TEXAS US Height: 5 Weight: 1 Eyes: BRO Hair: BROWN
City State Country (not county)

5. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: (602) 435-0155

6. Name of Current or Most Recent Spouse: ORTIZ JUAN ANTONIO Date of Birth: [REDACTED] (NOT a Public Record)
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden

7. You are a bona fide resident of what state? ARIZONA If Arizona, date of residency: [REDACTED]

8. Telephone number to contact you during business hours for any questions regarding this document. 602-435-0155

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: HACIENDAS MEXICAN GRILL Premises Phone: PENDING

11. Physical Location of Licensed Premises Address: 32527 SCOTTSDALE ROAD SCOTTSDALE MARICOPA 85262
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
08/2008	CURRENT	OFFICE WORK	MY BIG FAT GREEK RESTAURANT 455 N 3RD ST PHOENIX AZ
04/2005	08/2008	OFFICE CERK	CRISTIAN CLINIC PHOENIX ARIZONA
			1929 W. Fillmore St, Phx AZ 85009

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

13. Indicate your residence address for the last five (5) years:

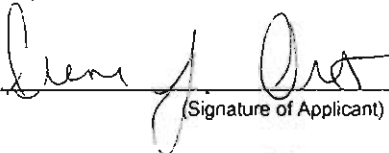
FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
11/2008	CURRENT	OWN	7710 W WOOD LANE	PHOENIX	AZ	85043
05/2003	11/2008	OWN	3014 W MARLETTE AVE	PHOENIX	AZ	85017
			1929 W. Fillmore St	Phoenix	AZ	85009

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, how many hrs/day? _____, and answer #14a below. If NO, skip to #15. ☐ YES ☒ NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. ☐ YES ☒ NO
15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? ☐ YES ☒ NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☐ YES ☒ NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? ☐ YES ☒ NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☐ YES ☒ NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? ☒ YES ☐ NO
12077607

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.
Give complete details including dates, agencies involved, and dispositions.
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

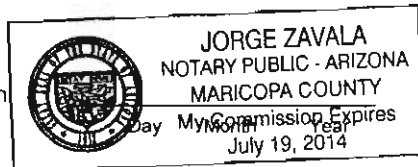
20. I, IRENE ORTIZ, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X 
(Signature of Applicant)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this
21 day of March, 2012
Month Year

My commission expires on




(Signature of NOTARY PUBLIC)

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.
The manager named must be at least 21 years of age.

State of _____ County of _____

The foregoing instrument was acknowledged before me this

X _____
Signature of Controlling Person or Agent (circle one)

_____ day of _____, _____
Month Year

IRENE ORTIZ

Print Name

(Signature of NOTARY PUBLIC)

My commission expires on: _____
Day Month Year

3/20/12

- H# - JIAM LLC member 1% owner 12077607
- JI ORTIZ LLC member 50% owner 12078003.
- AIFA ORTIZ LLC member 50% owner 12078026

Irene J. Ortiz

12 MAR 21 11:49 AM 1049

12 MAR 21 17. Lic. #11049

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

RESTAURANT OPERATION PLAN

LICENSE # 12079083

1. List by Make, Model and Capacity of your :

Grill	American 4 Burn
Oven	American Range
Freezer	Defield Freezer
Refrigerator	Defield 2ft Fridge
Sink	Stain Steel Sink.
Dish Washing Facilities	Pro-Clean Dishwash 4 wracks.
Food Preparation Counter (Dimensions)	10ft Stainless Food Prep.
Other	

2. Print the name of your restaurant: HACIENDA'S MEXICAN GRILL
3. Attach a copy of your menu (Breakfast, Lunch and Dinner including prices).
4. List the seating capacity for:
- | | | |
|----|----------------------------------|---------|
| a. | Restaurant area of your premises | [263] |
| b. | Bar area of your premises | [+29] |
| c. | Total area of your premises | [292] |
5. What type of dinnerware and utensils are utilized within your restaurant?
☒ Reusable ☐ Disposable
6. Does your restaurant have a bar area that is distinct and separate from the restaurant seating? (If yes, what percentage of the public floor space does this area cover). ☐ Yes _____ % ☒ No
7. What percentage of your public premises is used primarily for restaurant dining?
 (Does not include kitchen, bar, cocktail tables or game area.) _____ 85 %

*Disabled individuals requiring special accommodations, please call (602) 542-9027

8. Does your restaurant contain any games or television? ☒ Yes ☐ No
If yes, specify what types and how many of each type (Televisions, Pool tables, Video Games, Darts, etc).
ONLY TELEVISIONS

9. Do you have live entertainment or dancing? ☐ Yes ☒ No
(If yes, what type and how often?)

10. Use space below or attach a list of employee positions and their duties to fully staff your business.

CHEF'S = TAKES CARE OF THE ORGANIZATION OF KITCHEN ORDERS FOOD KEEPS INVENTORY FOOD
COOKS= PREPARE FOOD FOR CUSTOMERS AS ORDERS COME IN
PREP COOK= PREPARES FOOD, MAKE SALAD, PREP MEATS, AND FOLLOW THE HEALTH DEP RULES
BARTENDER= CLEANS PREPARES BAR AND SERVES DRINKS
FOODSERVER = ATTANDACE CUSTMERS BRINGS THEM THE ORDERS
BUSBOYS= CLEARS TABLES MAKES SURE THAT ALL TABLES ARE CLEAN AND SANITAZIDE
HOSTESS= WELCOMES ALL OUR GUESS TAKES THEM TO THERE TABLES
MANAGER = HE MAKES SURE THAT EVERYTHING IS RUNNING GOOD AND MAKE SURE THAT EVERY
ONE IS RECEIVING EXCELLENT SERVICE.

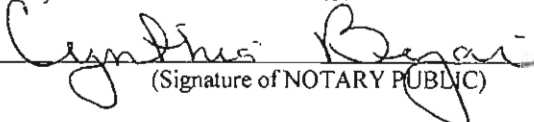
I, JUAN ANTONIO ORTIZ, hereby declare that I am the APPLICANT filing this application. I have
(Print full name)
read this application and the contents and all statements true, correct and complete.

X 
(Signature of APPLICANT)

State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this
20 day of March, 2012
Day of Month Month Year

My commission expires




(Signature of NOTARY PUBLIC)

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

RECORDS REQUIRED FOR AUDIT

SERIES 11 (HOTEL/MOTEL/RESTAURANT AND SERIES 12 (RESTAURANT)

MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH YOUR DLLC RECORDS

In the event of an audit, you will be asked to provide to the Department any documents necessary to determine compliance with A.R.S. §4-205.02(G). Such documents requested may include however, are not limited to:

1. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
2. A list of **all** food and liquor vendors
3. The restaurant menu used during the audit period
4. A price list for alcoholic beverages during the audit period
5. Mark-up figures on food and alcoholic products during the audit period
6. A recent, **accurate** inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
7. Monthly Inventory Figures - beginning and ending figures for food and liquor
8. Chart of accounts (copy)
9. Financial Statements-Income Statements-Balance Sheets
10. General Ledger
 - A. Sales Journals/Monthly Sales Schedules
 - 1) Daily sales Reports (to include the name of each waitress/waiter, bartender, etc. with sales for that day)
 - 2) Daily Cash Register Tapes - Journal Tapes and Z-tapes
 - 3) Dated Guest Checks
 - 4) Coupons/Specials/Discounts
 - 5) Any other evidence to support income from food and liquor sales
 - B. Cash Receipts/Disbursement Journals
 - 1) Daily Bank Deposit Slips
 - 2) Bank Statements and canceled checks
11. Tax Records
 - A. Transaction Privilege Sales, Use and Severance Tax Return (copies)
 - B. Income Tax Return - city, state and federal (copies)
 - C. Any supporting books, records, schedules or documents used in preparation of tax returns
12. Payroll Records
 - A. Copies of all reports required by the State and Federal Government

- B. Employee log (A.R.S. §4-119)
- C. Employee time cards (actual document used to sign in and out each work day)
- D. Payroll records for all employees showing hours worked each week and hourly wages
13. Off-site Catering Records (must be complete and separate from restaurant records)
- A. All documents which support the income derived from the sale of food off the license premises.
- B. All documents which support purchases made for food to be sold off the licensed premises.
- C. All coupons/specials/discounts

The sophistication of record keeping varies from establishment to establishment. Regardless of each licensee's accounting methods, the amount of gross revenue derived from the sale of food and liquor must be substantially documented.

**REVOCATION OF YOUR LIQUOR LICENSE MAY OCCUR IF YOU FAIL TO COMPLY WITH
A.R.S. §4-210(A)7 AND A.R.S. §4-205.02(G).**

A.R.S. §4-210(A)7

The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of food.

A.R.S. §4-205.02(G)

For the purpose of this section:

1. "Restaurant" means an establishment which derives **at least forty percent (40%)** of its gross revenue from the sale of food.
2. "Gross revenue" means the revenue derived from all sales of food and spirituous liquor on the licensed premises, regardless of whether the sales of spirituous liquor are made under a restaurant license issued pursuant to this section or under any other license that has been issued for the premises pursuant to this article.

I, (print licensee name):

Cortez Lucas Antonio
Last First Middle

have read and fully understand all aspects of this statement.

X [Signature] State of Arizona County of Maricopa
(Signature of Licensee) The foregoing instrument was acknowledged before me this
20 day of March, 2012
Day Month Year

My commission Expires



Cynthia Bejar
(Signature of NOTARY PUBLIC)

MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH YOUR DLLC RECORDS

Hacienda's Mexican Grill

M E N U

APPETIZERS

Queso Fundido with flour tortillas	8
Add: Chorizo or Jalapenos.....\$1.50	
Homemade Mini Sopas (2)	8
(with refried beans, fresh chorizo, queso fresco and sour cream)	
Add: Chicken or Pork Carnitas.....\$2.00	
Homemade Mini Tostadas (2)	7
choice of chicken or beef tinga – sautéed onions/ tomatoes, queso fresco and slice of avocado	
Nachos	
Chicken Nachos	8
Shredded Beef Nachos	9
Carne Asada Nachos	10
(served with American cheese or mozzarella, refried beans, tomatoes, onion, guacamole, sour cream and jalapeno peppers)	
Mini Chicken Tacos (3) with onions, tomatoes, bell peppers, And pepper jack cheese served with pico de gallo, guacamole and mixed filled greens	7
Homemade Mini Flautas (3)	
Chicken Flautas	8
Shredded Beef Flautas	9
Vegetable Flautas	8
(served with sour cream, guacamole and pico de gallo)	
Calamari with chipotle mayo sauce	9
Croquetas de Cangrejo (Crab Cakes)	9
with habanero, aioli sauce garnished with pico de gallo	

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES
AND CONTROL
ALCOHOLIC BEVERAGE LICENSE

License 12077968

Issue Date: 8/6/2009

Expiration Date: 3/31/2012

Issued To:

THERESA JUNE MORSE, Agent
SMC FOOD SERVICES LLC, Owner

Restaurant

Mailing Address:

THERESA JUNE MORSE
SMC FOOD SERVICES LLC
TRUFFLES
530 E MCDOWELL RD STE 107-241
PHOENIX, AZ 85004

Location:

TRUFFLES
32527 N SCOTTSDALE RD
SCOTTSDALE, AZ 85262

EXP 3/31/2012

POST THIS LICENSE IN A CONSPICUOUS PLACE